

*Foundations for
the New public health
in Bulgaria*



T e m p u s

epidemiology • biostatistics •
public health medicine • medical history •
medical ethics • primary care • health
promotion • screening • clinical decision
analysis • behavioural sciences • risk factors •
primary prevention • smoking • diet • exercise •
alcohol • heart attack • stroke • lung cancer •
respiratory disease • AIDS • hepatitis B •
primary prevention • cost effectiveness •
programme evaluation • informatics •
software • cohort studies • case/control
studies • intervention studies •
medical institutes • universities • summer
schools • in-service courses • capacity
building • undergraduates • specialist
training • public health physicians •
public health associations • literature
searches • internet • medline • hypertension •
hypercholesterolaemia • stomach cancer •
cervical cancer • lung cancer • breast cancer •
economic crisis • evidence-based medicine •
disability • national health insurance •
rationalisation • unemployment • poverty •
housing • food • heating • water quality •
air pollution • heavy metals • car accidents •
healthy public policy • premature death •
women's health • food safety • healthy life
expectancy • tobacco tax • school teachers •
local government • civil organisations • world
health organisation • european schools
of public health • world bank • phare • tempus •
european public health association •

Foundations for the New public health in Bulgaria

**Recommendations for the teaching
of public health disciplines
in undergraduate, post-graduate
and continuing education
from national workshops
held in Vitosha,
27 March–1 April, 1995.**

**Supported by the European Union's Tempus Project No: 3604:
Public health disciplines in Bulgaria: support for undergraduate education
and for the training of specialists**

Tempus Project 3604: ***“Public health disciplines in Bulgaria – support for undergraduate education and for the training of specialists”***

The European Union's Tempus Programme stands for Trans European Mobility Scheme for University Studies. It is designed to assist in strengthening tertiary education during the political transition in central and eastern Europe.

Joint European Project number 3604 has been funded for a 3 year period ending on August 31, 1995 to a total extent of approximately ECU 375000.

The contracting organisation is University of Cambridge (UK) – Coordinator: Dr John Powles, University lecturer in public health medicine.

Other EU partners are:

Erasmus University, Rotterdam (Dept of Epidemiology and Biostatistics)

University of Edinburgh (Research Unit in Health and Behaviour Change)

University of the Basque Country, Bilbao (Dept of Public Health and Preventive Medicine).

Bulgarian partners are:

Higher Medical Institute, Sofia (Departments of Social Medicine and Internal Medicine)

Higher Medical Institute, Pleven (Department of Social Medicine)

Higher Medical Institute, Plovdiv (Department of Social Medicine)

Higher Medical Institute, Stara Zagora (Department of Internal Medicine)

Higher Medical Institute, Varna (Department of Social Medicine)

National Centre for Oncology, Sofia (Onco-epidemiology Group),

National Centre for Infectious and Parasitic Diseases, Sofia,

The World Foundation, Sofia

Objectives of the Workshops

To highlight strategy and mid-term plan for undergraduate and postgraduate education in public health disciplines in Bulgaria.

To discuss international experience in developing teaching programmes in the New Public Health in the western countries.

To discuss the rational and effective relationship between the Departments of Social Medicine and Public Health in the medical universities and the service network involved in public health practice.

To initiate joint studies on actual aspects of public health teaching in Bulgaria, Hungary and the western counterparts.

Credits

Coordinators of TEMPUS JEP 3604

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Prof. Ivan Chernozemski

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Preface:

A serious challenge

Building professional capacities to reduce avoidable ill-health

One of the most notable feature of health trends in Europe in the last 3 decades has been the unfavourable trend in adult mortality, especially adult male mortality, in the countries of central and eastern Europe. Trends in Bulgaria have been less adverse overall than in countries further north and east, but for some potentially avoidable diseases, such as stroke, Bulgaria's record has been very unfavourable.

The causes of these trends are understood only in part and merit intensive epidemiological study.

Our purpose here is to emphasise their implications for the education of health workers in Bulgaria. Three groups can be considered in relation to the education they are receiving now or will need to receive in the near to medium future:

1. The new physicians for the twenty-first century;

2. The new professionals in public health disciplines for the twenty-first century; and

3. Existing health and other professionals who, by an enhancement of their knowledge and skills in public health disciplines, could contribute more effectively to the major national task of reducing preventable disease and injury.

The needs of the first group were addressed in the workshop on undergraduate education and of the latter two in the workshop on postgraduate and continuing education.

Training new professionals is a medium term strategy. More urgent is the need to enhance the capacities of existing professionals to meet the immediate challenges of prevention. Imaginative, attractive and well-resourced programmes are needed combining traditional and new vehicles for

continuing education and professional development: formal short courses, participative workshops, summer-schools, distance learning and computer assisted learning should all be tried. But this task cannot be accomplished without a recognition by government that it merits priority support. Given political commitment, there are international agencies willing to help.

We return to the task which necessarily occupied much of the discussion – the training of new professionals. Especially in the years since 1989, Bulgarian academics in public health disciplines, with help from programmes such as TEMPUS, have taken major steps to learn from the experience of other countries. Young graduates and junior members of staff have had formal training in Rotterdam, Cambridge and elsewhere. We suspect that it was largely as a result of these experiences that it was possible for a strong consensus to emerge in the workshops about the educational tasks ahead.

Teachers in public health disciplines will need the support of their medical schools and of other organisations if they are to carry these tasks forward. We trust that this brief summary of deliberations will help them persuade others of the importance of their task.

Ferenc Bojan, (Debrecen),
President, European Public Health Association, participant in workshops

Vesselin Borrisov, Bulgarian
Coordinator of workshops

Ivan Chernozemski, Bulgarian
Coordinator Tempus JEP 3604

John Powles, (Cambridge),
Coordinator, Tempus JEP 3604

Developing undergraduate education in public health disciplines in Bulgaria

1. Current situation and developments

1.1. Specialised nature of teaching institutions: All schools continue to be in teaching institutions restricted to the health field and are under the ministry of health, rather than education.

1.2. Reorganisation: Faculty reorganisations have continued to occur since 1989, but all schools continue to have, in addition, separate departments of hygiene and of epidemiology (meaning infectious disease epidemiology). Teaching in occupational and environmental medicine and communicable disease control tends to be carried out by the departments of hygiene and epidemiology. There have been large reductions in student intakes since 1989 and the proportion of foreign students has increased considerably.

1.3. Course length and teaching time: The course is 6 years long (2 preclinical and 4 clinical). The hours allocated for teaching public health disciplines compare favourably with western countries – even when the teaching by departments of hygiene and epidemiology is not counted (A summary of current teaching is provided at Appendix 1).

1.4 Curricula: There is currently a relatively large autonomy for each medical school in curricular matters. All departments have revised their curricula since 1989, giving increased emphasis to epidemiology of chronic diseases, primary care and health promotion.

1.5 Student interest: Generating and maintaining student interest has been a major problem (as in other countries). Considerable use is made of small group teaching.

2. International trends

Experience was reported from Erasmus

University, Rotterdam, University of the Basque Country in Bilbao, from 5 medical schools in the UK and from the 4 Hungarian medical schools.

There had been substantial increases in the time allocated for teaching in public health disciplines – especially in Erasmus and in Bilbao – but careful evaluation of experience at Erasmus demonstrated clearly that it is not easy to interest medical students in these disciplines. Their advice was: start with a clear concept of the type of doctor one is seeking to educate; cooperate with clinicians in teaching; pay attention to students attitudes; prefer short courses of high quality to longer courses of lower quality; educate teachers; use small group teaching methods and maintain enthusiasm.

Changes in Hungary since 1989 included: reintegration of medical training in classical, multifaculty universities; unification of undergraduate and post-graduate training; and divergence of curricula within the constraints set by a national licensing exam and a system of national accreditation for medical courses. Major themes to emerge were: a lack of a critical mass of adequately trained teachers in public health disciplines; and students who lacked experience of exposure to scientific literature. A significant part of the problem lay in deficiencies in academic management; commitments to staff development and staff appraisal were needed and students needed to be educated in the critical appraisal of scientific evidence.

3. Role of public health disciplines in training doctors for the 21st century

3.1 Orientation

3.1.1 Public health teaching should seek to inculcate a scientific appreciation of major health problems and of appropriate professional and public responses to them – including primary prevention, screening and secondary prevention and assisting patients to cope with their consequences.

3.1.2 Teaching should orient students

towards the future context of medical practice: an increased role for specialists in primary care and changed systems of funding with an increased need to justify choices of treatment on economic grounds.

3.1.3 Bulgaria's doctors of the future should be oriented 'towards Europe'.

3.2 Major themes of teaching in public health disciplines

Students should learn

- the scientific foundations of public health: biostatistics, epidemiology and the scientific basis of health promotion and behaviour change.

- to appraise evidence scientifically (especially to critically evaluate the secondary sources on which they will have to depend when in practice)

- to access information using modern technologies

- to learn as a lifetime activity.

3.3 Methods of teaching

3.3.1 Teaching should make maximum use of active methods: problem based learning and group work.

3.3.2 Where possible, teaching should be done in conjunction with clinicians.

3.3.3 The division between the pre-clinical and the clinical curricula should be minimised.

3.3.4 Local data and examples should be

used.

3.3.5 Students should be properly assessed and courses appropriately evaluated.

3.4 Resources and context

3.4.1 Clearer national policies are needed: on higher education; on priorities for prevention; on the kinds of doctors needed for the 21st century – including core knowledge and skills (the 'core curriculum').

3.4.2 Priority must be given to the development of teaching staff: staff should be appropriately appraised and opportunities provided for professional development and the acquisition of new knowledge and skills; 'new blood' needs to be recruited; a clear sense of mission, related to the great national need for public health expertise, should be developed and sustained by relevant professional associations.

3.4.3 The material basis for the development of public health disciplines should be secured in accordance with their importance to the nation's health. Teaching that is not based in research experience will fail to convince. A protected source of funds for public health research is therefore needed – not only for the necessary knowledge it will provide but also to strengthen public health teaching. More complete library holdings of international journals, improved computing facilities and the publication of basic international texts in Bulgarian are all obvious needs.

Appendix :
***Summary of current teaching
 by departments of social medicine***

	Varna	Pleven	Plovdiv	Sofia	St. Zagora
Academic staff in departments of social medicine	6 (+ 2 part time)	5	8	42 (in 5 sections)	5
Intake of new students per year (1994)	70	144	1225 (+ 280 dental)	1500 (+500 dental)	60
Proportion of foreign students	70	28	582	—	80
Subjects areas years/hours					
social medicine	2 / 60	5 / 42	2 / 120	1-2 / 105	2-3 / 90
med informatics (optional)	1,3 / 30	4 / 28	2 / 60	2 / 45	—
biostatistics	2 / 45				
medical ethics	3 / 30	—	1 / 30	1 / 15	2 / 30
history of medicine	—	—	1 / 15	2 / 30	—
Contact hours (lectures+ practice) excl. ethics and history	135	70	225	185	120

A Health Management faculty (45 students) in Varna.
 The following Public Health disciplines are included in the curriculum:

History of medicine	1 / 45
Informatics	1-2 / 120
Medical statistics	2 / 45
Social politics	2 / 45
Public health	2 / 75

Postgraduate and continuing education in public health disciplines

1. Background and recent developments

1.1 Bulgaria has substantial experience in providing specialty training in social medicine and the organisation of health care to university and college graduates – a 4 year course for doctors, nurses, economists etc. In addition, a large number of continuing education short courses have been offered yearly – around 14 per year in the Higher Institute of Medicine in Sofia alone. In 1994 and 1995 summer courses in epidemiology have also been held in Varna with support from the Tempus project.

1.2 Notwithstanding this experience, there has been a relative lack of development in some disciplines of central importance in dealing with today's health problems: for example chronic disease epidemiology and behavioural and social sciences related to prevention.

1.3 Health (as distinct from medicine) has not been highly valued in public discourse in Bulgaria. A constituency for public health action cannot be presumed: it needs to be built.

1.4 Until recently professionals trained in population—based health disciplines have been engaged to a large extent in health service management rather than disease prevention and this has coloured the meaning of 'public health' in Bulgaria. In the period since 1989 a coherent government strategy for tackling socially important diseases has failed to emerge. The likely pattern of development of public health institutions – and therefore of careers for public health professionals – remains uncertain.

2. International experience

2.1 The workshop benefitted from the presence of the president of the European Public Health Association (Prof Bojan from Hungary) who outlined the essential characteristics of the 'new public health' which he saw as particularly relevant to the preventive

tasks now facing the societies of central and eastern Europe.

2.2 The desired approach was:

- multidisciplinary
- inter—sectoral
- based on an adequate organisational structures with 'horizontal' ties to local organisations
- politically and financially well—supported
- strongly based scientifically

2.3 The responsibilities of the academic sector were to

- provide high quality teaching
- provide high quality research
- establish links with public health practitioners
- establish links to the clinical sector
- establish a high quality consultancy capacity
- establish international links (eg European Public Health Association, Association of Schools of Public Health (which is able to accredit courses), European Health Care Management Association, European Public Health Alliance)

3. Strategic considerations

3.1 A national consensus needs to be developed among public health and clinical professionals, civil organisations, government officials and politicians in order to establish a national strategy for reducing avoidable disease and injury. Consensus on these matters will be easier to achieve if issues that are both divisive and largely irrelevant to this task are explicitly excluded from these deliberations (eg payment for clinical services).

3.2 Within a clearly evolving national framework, opportunities and challenges in public health careers will become clearer. It is essential that highly talented individuals are attracted to the challenges ahead.

3.3 Strong professional associations can create a 'professional space' in which cur-

rent and future professional roles can be clarified.

3.4 Training new specialists is a strategy for the medium term future. More urgent is the need for 'capacity building' among existing public health professionals and among those trained in other disciplines who could play important roles in disease prevention. (Hungary and the Czech Republic, for example, are now investing large sums on 'professional development' programmes of this kind.)

3.5 'Bootstrapping': Because local expertise in key disciplines is both limited and dispersed (geographically and institutionally) it needs to be harnessed with care. Inappropriate institutional barriers, for example between epidemiologists working in infectious disease, environmental hazards, cancer, nutrition and cardiovascular disease should be abolished so that they can join together to strengthen their common discipline to the long term advantage of Bulgaria's public health. The discipline of biostatistics is fundamental to public health science and merits strategic support.

4. Themes and objectives

4.1 Public health training needs to be directed to the specific problems of contemporary Bulgarian society:

- specific demographic characteristics (aging, migration, ethnic diversity)
- continuing economic crisis, unemployment, poverty
- institutional dislocation and uncertainty
- high levels of premature adult mortality
- high rates of sickness and disability
- patterns of risk behaviours
- development of science and technology relevant to public health

4.2 The skills needed are those relevant to the tasks of

- health promotion
- primary prevention
- screening and secondary prevention
- critically appraising published scientific evidence

4.3 Teaching methods should be evaluated regularly and should employ active methods of learning where possible.

5. Recommendations

5.1 To academic units in public health disciplines

Embrace the responsibilities noted under 2.3 above.

5.2 To researchers in public health disciplines

Address questions that are important to the health of Bulgarians and that need to be answered by local research (rather than by imported knowledge).

Pool your resources to strengthen training in public health research methods (especially in the disciplines of biostatistics, epidemiology and the behavioural sciences).

5.3 To public health professionals in service roles

Seek to enhance your knowledge and skills in accord with the new public health. Seek opportunities to pursue the challenges ahead.

5.4 To public health professionals in all roles

Help build a public constituency for public health action.

Build professional organisations in tune with the new public health.

5.4 To government

Work to establish a national consensus on prevention and public health (3.1 above).

Establish, as a priority, a programme for 'capacity building' in public health. Provide incentives and support to all professionals seeking to improve their knowledge and skills relevant to disease prevention.

Establish a policy for public health training in accord with the principles of the new public health. Open public health careers up to persons with a wide range of disciplinary backgrounds.

Allow all institutions of higher education to offer courses in public health disciplines, subject to national accreditation. (International support is available for the establishment of accreditation procedures.)

Give public health disciplines support that is commensurate with their strategic role in tackling the nation's leading health problems.

Workshop 1:

“Undergraduate education in public health disciplines in Bulgaria”

Monday, 27 March 1995

Welcome and introduction

– **Dr John Powles**

Current situation of public health disciplines in Bulgarian medical schools (consolidated, concise descriptive account of situation in all 5 schools)

– **Prof. Vesselin Borissov (Bulgaria)**

Departmental perspectives

– **Assoc. Prof. Zlatka Glutnikova,
Assoc. Prof. Stanka Markova (Bulgaria)**

Departmental perspectives

– **Assoc. Prof. Gena Grancharova,
Assoc. Prof. Ivo Dimitrov (Bulgaria)**

Working groups 1: *What are the main emergent problems in perception of departments of social medicine?*

Working groups 2: *What changes are desirable in the content of teaching in public health disciplines?*

Plenary discussion

– **Chair: Assoc. Prof. Gena Grancharova**

Tuesday, March 28

International experience in developing teaching programmes in “ The New Public Health”

– **Dr. Van Beeck (The Netherlands)**

International experience in developing teaching programmes in “ The New Public Health”

– **Prof. Adela Sanz (Spain)**

International experience in developing teaching programmes in “ The new Public Health”

– **Dr. A. Towle (UK)**

Working groups 3: *The context of teaching in public health disciplines: What are the 3 main constraints on and 3 main opportunities for the development of teaching of public health disciplines in Bulgaria*

Working groups 4: *Formulation of written proposals*

Wednesday, March 29

How the content of public health was reshaped in Hungary

– **Prof. Ferenz Bojan (Hungary)**

Working groups 6: *Discussion and clarification of issues emerging as controversial from working group 4*

Plenary discussions: *Drafting of proposals*

– **Chairs: Dr. John Powles, Assoc. Prof. Zl. Glutnikova**

Biostatistics Interest Group

– **First Meeting**

Workshop 2:

“Postgraduate and continuing education of public health disciplines in Bulgaria”

Thursday, March 30

Description of the current situation in Bulgaria – the professional practice of public health
– **Dr. Mollova**

Description of the current situation in Bulgaria – training for public health practice
– **Assoc. Prof. K. Yurukova**

Description of the current situation in Bulgaria – research training
– **Dr. L. Georgieva**

The need for a new public health in Eastern Europe
– **Prof. Ferenz Bojan (Hungary)**

Plenary discussions
– **Chair: Assoc. Prof. Stanka Markova**

Working groups 1: *Which are the most relevant messages for Bulgaria*

Plenary discussions
– **Chair: Assoc. Prof. Gena Grancharova**

Experience in other countries – Public health medicine in UK
– **Dr. David Pencheon (UK)**

Experience in other countries – The multidisciplinary nature of the Public Health Revolution in Australia
– **Dr. John Powles (UK)**

Discussant (with additional comment on Hungary)
– **Prof. Ferenz Bojan (Hungary)**

** Biostatistics special interest group meet separately during afternoon

Friday, March 31

Strengthening the scientific basis for public health –
Prof. Nicholas Day (UK)

Biostatistics – report from special interest group

The role of epidemiology in public health medicine
– **Assoc. Prof. E. Shipkovenska (Bulgaria)**

Health promotion – behavioural science (report from Behavioural Sciences workshop)
– **Dr. Denkova**

Working groups 2: *Which public health disciplines should receive priority attention in Bulgaria ?*

Plenary discussions
– **Chairman : Assoc. Prof. V. Borissov**

Working groups 3: *The future public health workforce*

Two sets of groups:
1. Teachers/researchers
2. Public health professionals

Saturday, April 1

The policy context: The role of public health disciplines in the rationalisation of medical care
– **Dr. D. Pencheon (UK)**

The policy context: The role of public health disciplines in the rationalisation of medical care
– **Prof. Ch. Nachev (BG)**

Plenary discussions: *Training in public health disciplines at graduate level*
1. Research training
2. Vocational (professional) training
– content
– teaching methods and programmes
– implementation

Chairs: Prof. M. Apostolov, Assoc. Prof. Zl. Glutnikova

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NEWSLETTER

The EC PHARE programme for hospital management and training in Bulgaria

PHARE is the acronym for the European Community's main programme of financial and technical assistance for the reforming countries of Central and Eastern Europe. Funding is targeted upon priorities identified by the recipient rather than the donor – in 1992 Bulgaria received ECU 87.5 million of PHARE assistance for 10 priority areas including health system restructuring.

As part of the PHARE health programme, the Department of Health in Bulgaria is working with consultants from Welsh Health Development International (WHDI), the overseas arm of the National Health Service in Wales, and the staff of the Department of Public Health and Social Medicine at the Medical University of Sofia, to tackle the challenge of hospital management development in Bulgaria. The first phase of the contract, worth 220,000 ECU, started in September 1993, and will be carried out over a two year period. The project consists of training and educational as well as administrative and managerial elements.

Heading the Project

The project will be led by Prof. Vesselin Borissov, Head of the Medical Sociology Section, in the Department of Public Health and Social Medicine at the Medical University of Sofia. Elissaveta Nencheva, Senior University Lecturer in the same Department, will act as project coordinator. Mr. Andrew Scowcroft, Development Consultant with NHS Wales, is the Project Manager for WHDI.

Three components of the Project

TASK TASK TASK

1

The creation of a management training programme for up to 900 senior hospital managers in 300 hospitals.

2

The development of a Diploma Course in health service management for hospital managers.

3

Assistance with a programme of change management based on benchmarking techniques, linking two pilot hospitals in Bulgaria with hospitals in Wales, France and Spain and England.

THE OBJECTIVES AND TIMESCALE OF THE PROJECT

The aim of the project is not simply to deliver a series of training courses. The intention is to contribute to the significant programme of change which is being undertaken in Bulgaria and to help managers cope with those changes. The approach will therefore concentrate on enabling and empowering the managers in the service, and integrating the three Tasks so that each learns from the other to help bring about lasting change in the hospital management culture in Bulgaria. The overall success of the project is dependent on the WHDI consultants working in close partnership with the local experts, including academic staff of the medical faculty, other academic experts and leading hospital managers.

This first phase of the project is for preparatory work on the three Tasks, and will be completed by the autumn of 1994. It is possible that there will be additional opportunities presented by a further implementation phase.

The ORGANISATIONS & PEOPLE involved in the PROJECT

Department of Public Health and Social Medicine, Medical University of Sofia

The Department carries out both educational and research activities in the fields of Social Medicine, Public Health Management, Health Policy, Medical Statistics, Medical Sociology and Medical Ethics. It has 50 full time staff. Members of the Project Team are from the Department's section of Healthcare Management. Prof. Vesselin Borissov, the Project Leader, is Head of the Section of Medical Sociology, Department of Public Health and Social Medicine.

Welsh Health Development International (WHDI)

The WHDI is the overseas arm of NHS Wales which won the PHARE contract with the Ministry of Health in Bulgaria. WHDI have carried out many overseas projects, including work in Poland, Hungary, the Middle East and several countries in Africa. Andrew Scowcroft, Development Consultant for NHS Wales, is managing the project for WHDI.

NHS Staff College Wales

The NHS Staff College Wales is an organisation set up to provide training for senior health service managers and to help NHS Wales manage a massive change programme, concentrating on leadership, high level management issues, Organisational Development and developing a new management culture. George Boulton is the Director of the Staff College and is leading Task 1 of the project.

King's Fund College, London

The King's Fund College has an international reputation for Healthcare and hospital management development. It is the largest management centre in the United Kingdom concerned with improving management in the volunteer and public sectors in other countries as well as in the NHS. Richard Brazil and Nigel Webb are consultants from the King's Fund College who will be working on Task 1 of the project.

University of Glamorgan

The University of Glamorgan has offered management programmes for over 20 years including a Diploma Course in Health Care Management. David Cohen, Reader in Health Economics, is leading the team from the University of Glamorgan Business School which will develop a Diploma Course in

Health management to be delivered by the Department of Public Health and Social Medicine at the Medical University of Sofia, as part of Task 2 of the project.

Benchmarking Reference Centre, Value for Money Unit, WHCSA

The Benchmarking Reference Centre was set up to promote the development of good practice in the U.K. Health Service through encouraging comparison with leaders in the field. Dr. John Bullivant, Director of the Centre, along with colleagues, is leading Task 3 of the project. The Unit is also responsible for developing performance indicators and comparative databases for hospitals in Wales and this information will be made available to participating hospitals. The partner hospitals in this part of the project are:

No. 5 Hospital, Sofia

One of the leading largest hospitals in Sofia, with 800 beds, it serves a general population of 250,000 inhabitants in one of Sofia's regions with workers in many industrial plants. Dr. Kishmerov is the Medical Director of the Hospital and is involved in Task 3.

Blagoevgrad Regional Hospital

A typical Bulgarian Regional (Multicommunity) Hospital, with 750 beds. Dr. Barzashki is the Medical Director of the Hospital and is involved in Task 3.

Wrexham Maelor Hospital, Gwent, Wales

Wrexham Maelor NHS Trust is a 660 bed general hospital with a full range of specialities including a major accident and emergency centre. Benchmarking work is concentrating on pharmacy and private investment initiatives.

Glan Hafren NHS Trust, Gwent, Wales

Glan Hafren NHS Trust combines a number of units and services including accident and emergency, with altogether over 1400 beds. Benchmarking work has concentrated on interdepartmental communications with additional work on managing patient flow and market testing of services.

University Hospital of Nantes

The "Centre Hospitalier Regional Universitaire" of Nantes is one of the foremost French public hospitals, with 3,200 beds. Pascal Garel is the Manager of the Hospital and is involved in Tasks 1 and 3.

Institut Catala de la Salut, Hospital Universitari Vall d'Hebron, Barcelona

This is a major grouping of University Hospitals serving Barcelona. Andres de Kelety, working on Tasks 1 and 3 of the Project, is the Chief Executive Officer of the Maternity and Children's Hospital and has strong links with EADA (Escola d'Alta Direccio i Administracio), which is one of the main management development institutions in Spain concerned with public service management issues.

..... CONFERENCE AUTUMN 1994 THE MANAGEMENT OF INNOVATION

A major conference to launch Task 1 of the project will be held in late October 1994. The aims of the conference are twofold: it will inform managers about the forthcoming training programmes in hospital management and will also provide a forum for the presentation of innovations in Bulgarian hospitals. In addition, there will be presentations from guests on innovations in European health care.

— THE THREE TASKS OF THE PROJECT —

TASK

1

Supporting the design and establishment of short term programmes in hospital management for senior hospital managers.

Who is involved

This is the major task in Phase 1 of the programme and is being led by Mr. George Boulton from the NHS Wales Staff College and Dr. Georgy Tzanev, Senior Lecturer in the Department of Public Health and Social Medicine, Medical University of Sofia. An international approach has been adopted for the development of this training programme which involves senior academic and management staff from Western Europe, including Mr. Pascal Garel, Manager of the University Hospital, Nantes; Mr. Andres de Kelety, Chief Executive Officer of the Maternity and Children's Hospital, Barcelona, in collaboration with EADA (Escola d'Alta Direccio i Administracio); Mr. Nigel Webb and Mr. Richard Brazil from the King's Fund College in London.

An International Approach

So far, the international team from Wales, Spain, France, and London have held a workshop in Bankya and Sofia in February 1994 to clarify understanding of the requirements. A Study Tour including 8 senior staff from the Department of Public Health and Social Medicine at the Medical University of Sofia, plus the Medical

Directors from the twinned hospitals in Sofia and Blagoevgrad visited Barcelona, Nantes, London and a number of hospitals in Wales in April 1994 in order to study management developments in Western Europe and to prepare for implementing change and to develop managers.

Managing Change

The objective is to establish a short term programme in the management of change in Bulgarian hospitals and in the management of skills necessary to bring about this change, reflecting the developments in hospitals throughout Europe. Benchmarking training will form part of this programme.

Autumn 1994 Conference

In the Autumn of 1994 it is planned to hold a conference in Bulgaria to launch the programme, and from Autumn 1994 to Autumn 1995 to run the programme for senior hospital managers in Bulgaria, reaching as many as possible who hold the positions of Medical Director, Economic Director and Chief Nurse.

The team from Wales, London, Nantes and Barcelona which has helped colleagues from the Department of Public Health and Social Medicine to design the programme will support the conference and the first programme and hopefully some of the later programmes.

TASK

2

Developing a Diploma Course in Health Service Management for health and hospital managers

The Diploma of Management Studies (Health) course currently offered at the University of Glamorgan, Wales, is being developed and appropriately modified so

that it can be offered by the Department of Public Health and Social Medicine at the Medical University of Sofia. It is hoped that ultimately it will be possible to offer this course on a franchise basis. If this is the case, the course will be validated by University of Glamorgan and students completing the course will receive a Diploma from the University of Glamorgan.

Who is running the course and where

The course is being developed by Dr. Kiril Kirilov, Senior University Lecturer and Research Fellow in the Department of Public Health and Social Medicine at the Medical University of Sofia, and David Cohen, Reader in Health Economics at the University of Glamorgan.

It will be run from a single centre – the Department of Public Health and Social Medicine at the Medical University of Sofia, for approximately 12 to 20 students per year, and will be delivered over a 2 year period in study blocks of 2/3 weeks. It will initially be restricted to students who are competent in spoken and written English. It is planned that the course will commence in January 1995.

What the course is made up of

Dr. Kirilov will act as Course Leader and will take overall responsibility for the course which will be made up of 8 modules. A workshop has been held in Sofia with the Bulgarian teaching team focusing on aspects of delivering a health management course. The following lecturers will deliver the modules:

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- Module 1 – Human Resource Management
– *Prof. Dr. Vesselin Borissov*
- Module 2 – Managing Finance
– *Dr. Kiril Kirilov*
- Module 3 – Healthcare Planning, Policy and Law
– *Dr. Kancho Charnov*
- Module 4 – Strategic Management
– *Dr. K. Kirilov*
- Module 5 – Operations Management
– *Dr. George Tzanev*
- Module 6 – Research Report
– *Elissaveta Nencheva*
- Module 7 – Corporate Environment
– *Dr. Petko Salchev*
- Module 8 – Healthcare Management
– *Dr. Bojidar Kitov*

Benchmarking training will also form part of the Diploma Course.

The facilities of the course

At present library space, accommodation and computing facilities are available, but there is a shortage of the necessary specialist books. A bid has been made to the PHARE programme for the cost of a complete set of books and subscriptions to key journals. There has also been a request for the cost of running a preliminary English language course for potential students and tutors to help familiarise them with specialised health terminology.

TASK 3

The establishment of Pilot Projects in Hospital Management Development through twinning with comparable institutions in the EC using Benchmarking techniques

Who is leading this project?

This section of the project is being led by Dr. Petko Salchev, Lecturer in the Department of Public Health and Social Medicine at the Medical University of Sofia, and Dr. John Bullivant, Director of the NHS Benchmarking Reference Centre.

What is Benchmarking?

BENCHMARKING IS

“finding and implementing proven best practice”
“comparing with the best”

Benchmarking is the comparison of practices and performance against recognised leaders. It has been developed in Wales and promoted throughout the U.K. as the way to secure continuous improvement in health services. It offers a useful approach to the major problems that are encountered in running even the most successful health services all over the world. It invites managers and clinical staff to have a vision of what they are trying to achieve with measurable objectives.

It then gives a structured methodology for reaching those stated targets. As comparisons are drawn from others who have tried and tested solutions before us, there is less risk whilst retaining the benefits of large step changes.

How did Benchmarking develop?

The model of benchmarking that we use in Wales has been drawn from the experience of some of the largest companies in the world, such as Rank Xerox and British Airways. They studied how their competitors operated to learn where they might be going wrong themselves or where they could learn from the success of others.

Organisations in Bulgaria have previously followed a "best of the best" approach. The model recommended here is perhaps different in being run by hospital managers as a means of learning from others rather than being obliged to meet centralised targets.

How Benchmarking is being approached in this project

Through Task 3 of the PHARE project, the health service in Wales and the other partner countries wish to share with health managers and clinicians in Bulgaria their experience in applying the benchmarking approach to health. To ensure a practical approach, two Bulgarian hospitals have been twinned with similar hospitals in Wales, as well as being linked to partner hospitals in Europe. The pilot sites in Bulgaria are being used to test out new management concepts and to develop specific improvement programmes which address the problems being experienced by hospital managers in their day to day work.

The partners in the project

Bulgaria:

Sofia No. 5 Hospital – Medical Director, Dr. Borislav Kishmerov
Blagoevgrad Regional Hospital – Medical Director, Dr. Assen Barzashky

Wales:

Glan Hafren NHS Trust, Gwent
Wrexham Maelor Hospital, Clwyd

Spain:

Hospital Universitari Vall d'Hebron, Institut Catala de la Salut, Barcelona EADA

France:

University Hospital, Nantes

Main problem areas being focused on

The areas of concern identified at the City Hospital No. 5 Sofia and Blagoevgrad Regional Hospital which are being addressed using Benchmarking techniques are:

- internal communication between clinicians and managers
- delivering pharmacy stock to ward areas
- business planning cycle
- income generation schemes in innovative areas

An initial assessment of the key issues of concern in the two pilot hospitals has been made, objectives have been identified and current procedures monitored. The Benchmarking Reference Centre is reviewing similar processes at best practice sites in Wales, France, Spain and England, and reporting back to Bulgaria. In April, Bulgarian study teams visited the partner sites in Europe in order to gain experience of how to tackle areas of concern. Inward visits from Wales to Bulgaria by health service managers are planned to review progress and offer further guidance and support. A full report is due to be completed by September.

Bulgarian Benchmarking Initiative

The Department of Public Health and Social Medicine at the Medical University of Sofia has been invited to become a member of the Benchmarking Reference Centre.

STUDY TOUR

An important part of the PHARE project was the organisation of the Study Tour of key European centres in Spain, France and the U. K. to examine national patterns of health care reform, and in particular to examine key changes that are taking place in management organisation and approach at hospital level. The insights gained have been evaluated and will be incorporated in the design of the programme for hospital managers to be mounted in Bulgaria between Autumn 1994 and Autumn 1995.

The Study Tour took place earlier this year beginning in Barcelona on 9th April, moving to Nantes and then to London, before finishing in Cardiff, Wales at the end of April – a period of 23 days. The Tour party was made up of eight representatives from the University of Sofia team, lead by Professor Vesselin Borissov. They were

joined by two hospital managers, Dr. A. S. Barzashky from the Regional Hospital in Blagoevgrad and Dr. B. P. Kishmerov from Sofia City Hospital No. 5.

The various stages of the tour were organised by the partners of the support team. Each stage gave opportunities for learning about the National Health Systems of Spain, France and the U. K., the direction of health reform, the latest changes taking place in hospital organisation and management. Discussions were held with politicians, civil servants, senior health officials, hospital managers, doctors, nurses and others involved in the delivery of health and social welfare services.

The insights gained from the tour have subsequently been received and will influence the content of the training programme for hospital managers which is now being designed and should start to be delivered in Bulgaria in the Autumn.

CONTACT FOR INFORMATION ON THE PROJECT

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